

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Also wish to receive the
following services (for an
extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

7004 2510 0002 1981 9821

L.C. Cremer
14 Madison Street
Montgomery AL
36104
07cy1034 sec

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

29

8. Addressee's Address (Only if requested
and fee is paid)

5. Received By: (Print Name)
F.H.A.L. Rose
6. Signature: (Addressee or Agent)
X F.H.A.L. Rose

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.